

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33893

State File No. ....

91 OCT 7 1952

BIRTH NO. .... REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3021 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u> <u>0971</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>118 So Emerson</u>		d. STREET ADDRESS (If rural, give location) <u>118 So Emerson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Lindsey</u> c. (Last) <u>Lindsey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>30</u> <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept 25 / 1852</u>
9. AGE (In years last birthday) <u>98</u>	10. MONTHS <u>—</u> 11. YEARS <u>5</u> 12. IF UNDER 14 HRS. Hours Min.	13. BIRTHPLACE (State or foreign country) <u>Saline Co. Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME <u>Jim Lindsey</u>		13b. MOTHER'S MAIDEN NAME <u>Jane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war and dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mayme Livingston Uchita Kan</u>		ADDRESS <u>Uchita Kan</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy of Prostate gland.</u> DUE TO (c) <u>Genito-Urinary infection.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/19</u> , 19 <u>52</u> , to <u>9/19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/29</u> , 19 <u>52</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Nelson</u> (Degree or title) <u>Nurse M.D.</u>		23b. ADDRESS <u>306 N. Main St. Slater Mo</u>	
23c. DATE SIGNED <u>10/1/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-3-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's - Slater Mo</u>		24d. LOCATION (City, town, or county) <u>Slater Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/5/52</u>		REGISTRAR'S SIGNATURE <u>Mo. Earl C. Melt</u> FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers</u> ADDRESS <u>Slater Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.